2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000030251

1. Entity Name
M.D. RICHARDS & SONS INC.

Principal Place of Business	Mailing Address
12655 SE 5 AVE OCALA, FL 34480 US	12655 SE 5 AVE OCALA, FL 34480 US

02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0483142
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIP RICHARDS
12655 SE 5 AVE
OCALA, FL 34480

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RICHARDS, PHILLIP C
STREET ADDRESS	12655 SE 5 AVE
CITY-ST-ZIP	OCALA, FL 34480
TITLE	D
NAME	RICHARDS, HOWARD C JR
STREET ADDRESS	11491 CRESTA LANE
CITY-ST-ZIP	DUBLIN, CA 94566
TITLE	D
NAME	RICHARDS, DEAN C
STREET ADDRESS	27601 SW 184 CT
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	D
NAME	RICHARDS, DOUGLAS C
STREET ADDRESS	2246 CONASAWGA RD
CITY-ST-ZIP	ELLIJAY, GA 30540
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UNOOM450858
03/10/06-80023-010 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phillip C Richards PHILLIP C RICHARDS 2-27-06 352-427-8774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #